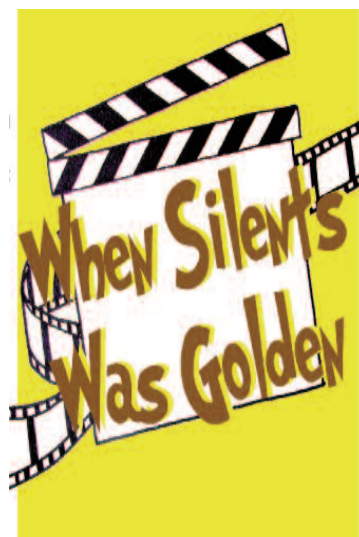


County Seat Theater Company

2020 Children's Theater Workshop Registration Form

LOCATED AT THE ENCORE! PERFORMING ARTS CENTER, CLOQUET



A tribute to the early years of the twentieth century when silent movies and enthralled avid theater audiences. As a building owner and realtor discuss plans to convert an old building, formerly a silent movie studio, into commercial space, ghostly visages of the stars of silent screen who have been living there reveal themselves to the audience.

After discouraging a number of potential renters, the stars seek out a team who are attempting to have the building declared an historic site.

Performances:
June 12, 19 & 26
July 3

at 1 p.m. & 7 p.m.
General Admission Tickets:
\$7 Adults, \$5 Students

Musical by
Michael & Jill Galina
Directed by
Joel Soukkala & Regina Roemhildt

Proudly Sponsored by
Carlton Area Lions Club
Fond du Lac Tribal & Community College
Shooting Stars Dance • Como Oil & Propane

CHOOSE FROM 4 WEEKS!

Rehearsals Monday-Friday, 9 a.m. - 2 p.m. each week.
With Performances each Friday at 1 p.m. & 7 p.m.

WEEK 1 - June 8-12

WEEK 2 - June 15-19

WEEK 3 - June 22-26

WEEK 4 - June 29-July 3

Pre-registration is required.

Payments must be made at time of registration.

No refunds for cancelations after May 1, 2020

Participants must have completed 1st grade.

Cost is \$55 first child, \$45 each additional child

Limited to first 40 children each week

Scholarships available upon request, call for information.

Questions call 878-0071

Complete form and mail with payment to

County Seat Theater

2035 Hwy 33 South, Cloquet, MN 55720

Childrens Theater Registration Form 2020

Make Checks payable to County Seat Theater

NAME OF CHILD	GRADE COMPLETED	T-SHIRT SIZE (Adult XL, L, M, S, Youth L, M)	PLEASE REGISTER MY CHILD FOR WEEK:	
			1st Choice	2nd Choice
			WEEK 1 June 8-12	WEEK 1 June 8-12
			WEEK 2 June 15-19	WEEK 2 June 15-19
			WEEK 3 June 22-26	WEEK 3 June 22-26
			WEEK 4 June 29- July 3	WEEK 4 June 29- July 3

Please include any allergies, medications, etc., on back side of this form.

Parent or Adult Contact _____ Phone # _____

Address _____ Email _____

City, Zip _____

Emergency Contact _____

I understand that by signing this form, I do not hold the County Seat Theater Co. responsible for any loss of personal belongings or injury caused by my child's misbehavior. I understand that I will be responsible to pick up my child promptly at the end of each day and will provide them with proper snacks and lunch. I understand that this camp is a learning tool and should be treated as that, any child misbehaving or being disrespectful to the space or volunteers will be asked to leave without refund. I understand that there is no refund for cancelation after May 1, 2020.

SIGNATURE REQUIRED _____ **DATE** _____